07680

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Savage
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Washington Blvd.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) Transient.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State District of Columbia County ✓

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 618 Mass. Ave. N. W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Grady Andrew

3. (b) Social Security Number 578-03-6129 (Poss.)

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan-Unknown-1907

8. AGE: Years 33 | Months 6 | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace: Snow Camp. Chatham Co. N. C.
(Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business: Restaurant.

FATHER
12. Name: J. Milton Andrew
13. Birthplace: N. Carolina.

MOTHER
14. Maiden name: Agnes Johnson
15. Birthplace: N. Carolina.

16. Informant: J. Harvey Andrew
Address: Snow Camp #1 Chatham Co. N. C.

17. Bureal (Burial, cremation, or removal. Which?) Date thereof July 22, 1940 (month) (day) (year)

Cemetery or crematory: St. John's Cemetery

Location: Ellicott City Md.

18. Funeral director: Easton Sons

Address: Ellicott City

19. July 22 1940 (Date rec'd by registrar) Frank Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: About July 20th 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ✓ 19__, to ✓ 19__, and that I last saw h ✓ alive on 19__.

Immediate cause of death: Drowning — Instant. DURATION

N.B.:- Body of deceased was found in the Little Patuxent River near Savage, Howard Co., Md.

Due to

Due to

Other conditions: None.

N.B.- Identification from Card in Pocket
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.

Of autopsy: Drowning. No evidence of foul play

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of ?

Where did injury occur? Near Savage, Howard Co., Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) In Little Patuxent River.

Means of injury: Drowning. Injured at work? No.

23. SIGNATURE: Frank Shipley, M.D.
Acting Deputy Medical Exam. for Howard Co.
M.D. or other

Address: Savage, Md. Date signed 7/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

07681

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Rogers Ave. Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Ellicott City Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rogers Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary L Baer

3.(b) Social Security Number None

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife John Henry Baer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1866

8. AGE: Years 73 Months 9 Days 20 If less than one day ..... hrs. ..... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant John Baer
Address Ellicott City Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 7 (month) 7 (day) 1940 (year)

Cemetery or crematory St Johns

Location Ellicott City, Md

18. Funeral director F C Higinbothom
Address Ellicott City Md.

19. July 7, 1940
(Date rec'd by registrar)
John B. Loughran
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1 1939, to July 5 1940 and that I last saw her alive on 7-5 1940

	DURATION
Immediate cause of death: Coronary Thrombosis	15 min
Due to: Arteriosclerosis	5 years
Due to:	
Other conditions: Diabetes Melitus	2 years

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E Burgtorf MD
M. D. or other

Address Ellicott City Md Date signed 7-6-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

07682

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
County Howard
City or town Rural - nr. Poplar Springs.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Rural - nr Poplar Springs. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R. D. Woodbine, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Augustus Lee Bowman

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name ~~of husband~~ or wife Bessie Bowman
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1867

8. AGE:

Years	Months	Days	If less than one day
72	9	0	hrs. min.

9. Birthplace Howard Co. Maryland.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Augustus L. Bowman
13. Birthplace Maryland.
MOTHER 14. Maiden name Susan R. Snyder
15. Birthplace Maryland
16. Informant Mrs Bessie Bowman
Address R. D. Woodbine, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14, 1940 (month) (day) (year)
Cemetery or crematory Poplar Springs
Location Poplar Springs. Howard Co. Md
18. Funeral director E. M. Waltz
Address Westfield Md
19. July 13 1940 (Date rec'd by registrar) E. Paul Mercer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940 8:35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to July 11 1940, and that I last saw him alive on July 10 1940.

Immediate cause of death	DURATION
Arterio Sclerosis	?
Hypertension	?
Due to Cerebral Hemorrhage	July 38.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill M. D. or other
Address Mt Airy Md Date signed 7/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07683

CERTIFICATE OF DEATH

(93-L)

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Ellicott City.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Hamilton St.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Nellie G. Cramblett

3. (b) Social Security Number Unk.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow.

6.(b) Name of husband or wife Chas. Cramblett.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1874

8. AGE: Years	Months	Days	If less than one day
65	11	4	..... hrs. ..... min.

9. Birthplace Ellicott City Md.
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Phillip S. Morningstar
13. Birthplace Md.

MOTHER
14. Maiden name Sarah A. Penn
15. Birthplace Md.

16. Informant Raymond Middaugh (Son)
Address Ellicott City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16, 1940 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Frederick Md.

18. Funeral director J. C. Digmanhattan, Jr.

Address Ellicott City Md.

19. July 15, 1940 (Date rec'd by registrar) John B. Longacre, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940 at 6 50 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1 1940, to July 13 1940

and that I last saw her alive on 7-13 1940

Immediate cause of death	DURATION
Arteriosclerotic Cardio-vascular Disease	1 year
Due to	
Due to	
Other conditions senile psychosis	6 weeks

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgdorf M.D. (M. D. or other)

Address Ellicott City, Md Date signed 7-15-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1940
BUREAU V. S.

07684

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(53)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Howard

City or town Near Ridgeville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Near Ridgeville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lorenzo T. Day

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

B (b) Name of husband or wife Arneth Day

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1851

8. AGE: Years	Months	Days	If less than one day
88	7	3	hrs. min.

9. Birthplace Frederick Co.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Thomas Day

13. Birthplace Frederick

MOTHER

14. Maiden name Leah Wolfe

15. Birthplace Frederick

16. Informant Mrs. James Molesworth

Address Mt Airy

17. Burial Date thereof July 30 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Kemptown

Location Kemptown Frederick Co.

18. Funeral director H. M. Snyder

Address Mt. Airy

19. Jul 30 - 1940 E. Pearl Mercier

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10, 1940 19 , to July 28, 19 40, and that I last saw him alive on July 28, 1940 19

Immediate cause of death	DURATION
Chr. Uremia	?
Metsatisis	6 Mo.
Due to Carcenoma (Epithelioma)	3 yrs
Advanced Arterio-sclerosis	?
Due to Epithelioma: primary in skin, posterior surface of left wrist, C.W.G.R. extending to skin on back of left hand. Duration: two years.	

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill M. D. or other

Address Mt. Airy, Md Date signed 7/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

07685

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Howard

City or town Poplar Springs

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 66 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Howard.

City or town Near Poplar Springs Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Naomi Ellen de Lauder

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1862

8. AGE: Years 77 | Months 7 | Days 12 | If less than one day hrs. min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual occupation Home

11. Industry or business Own home

FATHER

12. Name Andrew N. de Lauder

13. Birthplace Howard Co. Maryland

MOTHER

14. Maiden name Margaret C. Kew

15. Birthplace Baltimore, Maryland.

16. Informant Miss Elizabeth A. de Lauder

Address Mt. Airy R. 7 D #6

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31, 1940 (month) (day) (year)

Cemetery or crematory St. Michael Cemetery

Location Poplar Springs Md.

18. Funeral director Easton Sons

Address Ellicott City.

19. July 30 1940 (Date rec'd by registrar) E. Paul Mercier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 8:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1930, to July 28 1940, and that I last saw him alive on July 28 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION 24 hrs

Due to: Arterio Sclerosis — 2 yrs

Due to: Fractured hip due to accidental fall — 1938

Other conditions: Invalid since

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident. Date of August, 1938.

Where did injury occur? in her house. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) fell, in house, from chair.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE C. M. Van Poole M. D. or other

Address Mt Airy Md Date signed 7-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07686

(164c)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
County Howard.
City or town Florence
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard.
City or town Florence Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John William Hanson Dutton
3. (b) Social Security Number

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
8 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 14, 1917

8. AGE: Years 23 Months 1 Days 13 If less than one day hrs. min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)
10. Usual occupation Labour
11. Industry or business
FATHER 12. Name Clarence Marion Dutton
13. Birthplace Maryland
MOTHER 14. Maiden name Catherine Christian
15. Birthplace Maryland
16. Informant Clarence M. Dutton
Address Florence Md.
17. Burial Date thereof Aug 1 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Poplar Springs Cem.
Location Poplar Springs Md.
18. Funeral director Easton Sons
Address Ellicott City
19. July 31 1940 E. Paul Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 2 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1940, to July 30 1940, and that I last saw him alive on at no time.

Immediate cause of death Compound fracture of skull + extrusion of brain — DURATION 2 sec
Due to
Due to Gunshot wound
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 7-30-40
Where did injury occur? Florence Howard Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Injured at work?

23. SIGNATURE Alpha N. Herbert M.D. deputy medical examiner
M. D. or other
Address Ellicott City Date signed 7/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07687

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge (Village)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old Washington Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: New York County: Westchester ✓

City or town: New Rochelle Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 222 Center Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Clarence Haviland French
Clarence ~~Haviland~~ French

3. (b) Social Security Number 082-094-245

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Gertrude Hawley

6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): August 9th, 1877
July 4th, 1940

8. AGE: Years	Months	Days	If less than one day
62	10	25	hrs. min.

9. Birthplace: Rhinebeck- Dutchess Co. New York
(Town, county, and state)

10. Usual occupation: Manager Hotel Equipment Dept.

11. Industry or business: Standard Gas Equipment Corp'n

FATHER
12. Name: Henry B. French
13. Birthplace: New York City New York

MOTHER
14. Maiden name: Augusta Haviland
15. Birthplace: Rhinebeck, New York

16. Informant: Edwin Gail Crawford
Address: Old Washington Rd. Elkridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 8th, 1940 (month) (day) (year)

Cemetery or crematory: ~~New Rochelle New York~~ Woodlawn Cem.

Location: New York City

18. Funeral director: Stewart & Mowen Co.,
Address: #108 West North Ave. Balto. Md.

19. July 5 1940 (Date rec'd by registrar) (Miss) E. Bird Williams Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-4 1940, at 6:18 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-4 1940, to 7-4 1940, and that I last saw him alive on no date 19

Immediate cause of death: Coronary Thrombosis — DURATION: half hour

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George E. Burgtorf MD
Deputy Medical Examiner Howard Co.
M.D. or other
Address: Ellicott City, Md. Date signed: 7-4-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

CERTIFICATE OF DEATH

D. Frank Miller Main St Ellicott City 190 07688

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Rural Near Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~Hospital, or Institution~~: Waterloo Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Howard
City or town: Rural Near Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Waterloo Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frederick J. Heber

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) ~~single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Elizabeth Heber

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 12, 1871

8. AGE: Years: 69 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Self

FATHER 12. Name: Jacob F. Heber

13. Birthplace: Germany

MOTHER 14. Maiden name: Anna Marie ~~Heber~~ Geiger

15. Birthplace: Germany

16. Informant: Mrs. Katie Heber

Address: Waterloo Road Ellicott City

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof 7/15/40 (month) (day) (year)

Cemetery or ~~crematory~~: St Johns

Location: Ellicott City Md

18. Funeral director: William Cook

Address: 1217 St. Paul St.

19. July 13, 1940 (Date rec'd by registrar) John B. Loughman. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12th 1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 40 19—, to July 12 1940, and that I last saw h— alive on July 12 19—.

Immediate cause of death	DURATION
Carcinoma of Liver	1 Yr 7 Mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank D Miller M D (M. D. or other)

Address: Ellicott City Md Date signed: July 13 40

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07689

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-1)

County Howard — Registration Dist. No. 193

Village or City Woodbine — (nearest) No. Rural Route # 2 (Farm) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elba May Junkins If U. S. Veteran, specify WAR

(a) Residence: No. Rural Route # 2 (Farm) St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Bruce Junkins —

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md —

FATHER

13. NAME Henry Stoffel —

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany —

17. INFORMANT Bruce Junkins (Husband)
(Address) Rural Route # 2 - Woodbine, Howard Co., Md

18. BURIAL, CREMATION, OR REMOVAL Cem. A. A. Co., Md. —
Place Cedar Hill — Date July 5, 1940

19. UNDERTAKER A. Howard Evans & Son
(Address) 1400-02 St. Paul St. —

20. FILED July 9, 1940 E. Paul Myers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 2 (Day), 1940 (Year)

22. — I HEREBY CERTIFY, That I attended deceased from June 20 1940, to July 2, 1940

I last saw h[illegible] alive on July 1, 1940; death is said to hava occurred on tha date statad above, at 6:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** end related ceuses of importance wera as follows:

	Date of onset
Chr. Myocarditis	?
Chr. myocarditis	

Other **Contributory Causes** of Importance:

Cardiac decomp.	July 1, 1940
Cardiac decomp.	

Neme of operetion None Date of

What test confirmed diagnosis? Was thera an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill In elso tha following:

Accident, suicida, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Wes diceasa or Injury In any way related to occupation of deceased? No

If so, specify

(Signed) J. Stanley Grabill M. D.

(Address) Mt. Airy, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07690

131-a

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Howard — Registration Dist. No. 19 6

Village ~~or City~~ Dayton — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Paul Maloney

(a) Residence: No. Dayton — Howard Co. St., ____ Ward ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Emma Maloney

6. DATE OF BIRTH (month, day, and year) Aug 4, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retail merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Dayton, Maryland
(State or country)

FATHER

13. NAME Thomas Maloney

14. BIRTHPLACE (city or town) Dayton, Maryland
(State or country)

MOTHER

15. MAIDEN NAME Susan Hill

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Emma Maloney
(Address) Dayton, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Louis Cemetary Date July 17, 1940

19. UNDERTAKER Higinbothom - Ellicott City Md.
(Address)

20. FILED July 16, 1940 S. A. Nuchols
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1940, to July 14, 1940

I last saw him alive on July 13, 1940; death is said to have occurred on the date stated above, at 10¾ A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary artery occlusion	7/6/40
Other Contributory Causes of importance: Coronary artery disease with fibrosis myocardium	Jan 1940.
Arteriosclerotic nephritis	1938

Name of operation None — Date of —

Whet test confirmed diagnosis? Many (EKG, etc) — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Charles S. Whitaker M. D.

(Address) Clarksville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

07691

Reg. Dist. No. 198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Liston Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 37 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Liston Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Arthur G. Poole

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Hannie Poole
6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Aug. 3, 1880

8. AGE:

Years	Months	Days	If less than one day
59	11	7	hrs. min.

9. Birthplace: Howard Co. Maryland.
(Town, county, and state)
10. Usual occupation: Owner - Salesman
11. Industry or business: Automobile
FATHER
12. Name: Hannie Poole
13. Birthplace: Maryland.
MOTHER
14. Maiden name: Isabell Watts
15. Birthplace: Maryland
16. Informant: Mr. Cecil Poole
Address: Liston, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13, 1940 (month) (day) (year)
Cemetery or crematory: Family Burying Lot
Location: near Daisy, Howard Co. Md.
18. Funeral director: C. M. Watts
Address: Winfield Md
19. July 13 1940 (Date rec'd by registrar) E. Earl Mercier. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1929, to July 10 1940, and that I last saw h[illegible] alive on July 10 1940.

	DURATION
Immediate cause of death: Arteria Sclerosis Hypertension	? ?
Due to: Chr. Interstitial Nephritis	10 yrs
Due to: Chr. Uremia	2 wks
Other conditions: Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Stanley Grabill M. D. or other
Address: Mount Airy Md Date signed 7/12/40

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U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07692

(168)

1. PLACE OF DEATH

County Howard Registration Dist. No. 191

Village or City Hollofield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Woodrow Charles Schmier Social Security If U. S. Veteran, specify WAR Baltimore

(a) Residence: No. Beaumont Terrace & Dogwood Rd. Ward Woodlawn

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Tonaca Lee Woods Schmier age 20 yrs

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1916

7. AGE Years 23 Months 6 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Supervisor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Lever Bros. Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George A. Schmier

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah I. Fox

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Woodrow C. Schmier Woodlawn Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date July 23, 1940

19. UNDERTAKER (Address) Easton Sons Ellicott City

20. FILED July 23, 1940 John B. Lingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 21 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from at death injury + autopsy, 19 to 19

I last saw h alive on 7-20, 1940 death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture, occipital bone of skull due to blunt force

Date of onset

Other Contributory Causes of importance:

Bullet wound of neck.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 7-20, 1940

Where did injury occur? Hollofield, Howard County (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. home.

Manner of injury struck on head with rifle butt

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) H. L. Wollenweber M. D.

(Address) City Morgue, Baltimore Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07693

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Elliott City (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Elliott City Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Alma Shipplett

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Lusby Shipplett

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1903

8. AGE: Years 36 Months 6 Days 5 If less than one day hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Moses Shipplett
13. Birthplace Va

MOTHER
14. Maiden name Eliz. Michael
15. Birthplace Va.

16. Informant Lusby Shipplett
Address Elliott City Md.

17. Burial Date thereof 7-6-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elkton

Location Elkton Va.

18. Funeral director F. C. Higinbotham
Address Elliott City Md.

19. July 3, 1940 John B. Loughran
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 1:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1940, to July 3 1940 and that I last saw her alive on July 3 1940

Immediate cause of death

	DURATION
Pulmonary Tuberculosis	4 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Elliott City Md Date signed 7/3/40

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AUG 6 1940
BUREAU V. S.

07694

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ✓ County: ✓

City or town: ✓ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Annie ~~Rebecca~~ Marie Smith

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: John T. Smith

Elkridge Md 6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): May 3 1877

8. AGE: Years: 63 Months: 2 Days: 18 If less than one day: ___ hrs. ___ min.

9. Birthplace: Raspeburg, Balto Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Domestic

FATHER
12. Name: George Friskey
13. Birthplace: Raspeburg Md

MOTHER
14. Maiden name: Elizabeth Ravadge
15. Birthplace: Raspeburg Md

16. Informant: Johnny Smith (Husband)

Address: Elkridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 24-40 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Balto City

18. Funeral director: William Cook

Address: 1217 St Paul St

19. July 21 1940 (Miss) E. Bird Williams Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 12:20 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 28 1940, to July 21 1940, and that I last saw her alive on July 21 1940.

Immediate cause of death: Apoplexy — DURATION: 2 days
c̄ left Hemiplegia — 3 mo
Cl. Myocarditis — "
Due to Diabetes mellitus — ?
General arterio — ?
Due to Sclerosis
Cataracts Bilateral — ?

Other conditions: Arterial Hypertension ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: B B Brumbaugh M. D. or other

Address: Elkridge Md Date signed: 7/21/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.